# GOVERNMENT OF WEST BENGAL

## Family Level Data Collection Form

*Application Acknowledgement Receipt*

| Head of the Family | Application No. | Application Status | Submission Date |
|---|---|---|---|
| **JAMIR ALI GAYEN** | **304200106870** | **SUBMITTED** | **06-06-2026 08:35:09** |

**Head of Family (HoF)**

### A. Family Identity

| Section / Field | Options / Input |
|---|---|
| 1. Name | JAMIR ALI GAYEN |
| 2. Date of Birth | 10-10-1998 |
| 3. Gender | Male |
| 4. Aadhaar | 2*3* **** **57 |
| 5. No. of Family Members | 4 |
| 6. Address | **GP / Ward** BELEGACHHIA; **Block / Municipality** BARUIPUR; **District** 24 PARAGANAS SOUTH; **Post Office** Belegachi BO; **Police Station** Baruipur PS; **Pincode** 743376; **Full Address** UTTAR BELEGACHI ,BELEGACHI,BARUIPUR,SOUTH 24 PGS ,743376,WEST BENGAL |
| 7. Contact No. | 7467974056 |
| 8. Relation with Head of Family | Self |
| 9. EPIC / Voter ID with Part Nos. of Electoral Roll | EPIC No.: XCZ1773993<br>AC: Baruipur Purba (137) / Part No.: 108 |
| 10. Category | OBC |
| 11. Religion | — |

### B. Ration Card / Food Subsidy

| Section / Field | Options / Input |
|---|---|
| 1. Do you have a Digital Ration Card? | Yes |
| Household ID | 0050907188 |
| 2. If Yes, indicate type of card: | SPHH |

### C. Assets (TO BE FILLED FOR HOF)

| Section / Field | Options / Input |
|---|---|
| 1. House size: Does your house have >3 pucca rooms? | No |
| 2. Whether your family owns any land | No |
| 3. Size of total landholding of family members (in decimals approximately) | — |
| 4. Does any member own a motorized non-commercial 4-wheeler? | No |
| No. of Vehicles | — |
| Vehicle Registration No. | — |

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| | |
|---|---|
| 5. Health Insurance coverage | Yes |
| Insurance Type | Government |
| Swasthya Sathi URN No. | 19071777169884328 |

**D. Income/Profession**

| Section / Field | Options / Input |
|---|---|
| 1. Do you pay Income Tax or Professional Tax? | No |
| 2. Do you have a PAN Card? | Yes |
| PAN Card (If available) | CJPPG9005B |
| 3. Nature of employment | INFORMAL SELF EMPLOYED |
| 4. Educational Qualification | 12th |
| 5. Are you a former/current holder of any constitutional posts, ministers, MPs, MLAs, urban local bodies and panchayat local bodies | No |
| 6. Are you a government pensioner? | No |
| 7. Are registered under GST? | No |
| 8. Total annual family income (INR): | 96,000 |

**E. Other Identity Documents**

| Section / Field | Options / Input |
|---|---|
| 1. CAA Application Status | Not Applicable |
| 2. If Deleted in SIR 2026, whether case pending in Tribunal? | Not Applicable |
| 3. Physical Disability? | No |
| Disability Certificate No. | — |
| Disability Percentage | — |

**G. Benefits under Government Schemes**

| Section / Field | Options / Input |
|---|---|
| 1. Are you receiving any benefits under Government Schemes through DBT? | — |
| 2. Are you applying for Annapurna Yojana? | — |

**Member**

**A. Family Identity**

| Section / Field | Options / Input |
|---|---|
| 1. Name | ASMA GAYEN |
| 2. Date of Birth | 05-02-1998 |
| 3. Gender | Female |
| 4. Aadhaar | 4*9* **** **85 |
| 7. Contact No. | 7467974056 |
| 8. Relation with Head of Family | WIFE |
| 9. EPIC / Voter ID with Part Nos. of Electoral Roll | EPIC No.: XCZ2129476<br>AC: Baruipur Purba (137) / Part No.: 108 |
| 10. Category | UR |
| 11. Religion | — |

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## C. Assets/Health Insurance

| Section / Field | Options / Input |
|---|---|
| 1. Health Insurance coverage | Yes |
| Insurance Type | Government |
| Swasthya Sathi URN No. | 19071777169884328 |

## D. Income/Profession

| Section / Field | Options / Input |
|---|---|
| 1. Do you pay Income Tax or Professional Tax? | No |
| 2. Do you have a PAN Card? | Yes |
| PAN Card (If available) | DNXPG6475G |
| 3. Nature of employment | UNEMPLOYED |
| 4. Educational Qualification | 10th |
| 5. Are you a former/current holder of any constitutional posts, ministers, MPs, MLAs, urban local bodies and panchayat local bodies | No |
| 6. Are you a government pensioner? | No |
| 7. Are registered under GST? | No |

## E. Other Identity Documents

| Section / Field | Options / Input |
|---|---|
| 1. CAA Application Status | Not Applicable |
| 2. If Deleted in SIR 2026, whether case pending in Tribunal? | Not Applicable |
| 3. Physical Disability? | No |
| Disability Certificate No. | — |
| Disability Percentage | — |

## G. Benefits under Government Schemes

| Section / Field | Options / Input |
|---|---|
| 1. Are you receiving any benefits under Government Schemes through DBT? | — |
| 2. Are you applying for Annapurna Yojana? | Yes |

## Member [Child]

## A. Family Identity

| Section / Field | Options / Input |
|---|---|
| 1. Name | SANAYA GAYEN |
| 2. Date of Birth | 01-10-2020 |
| 3. Gender | Female |
| 4. Aadhaar | 4*7* **** **24 |
| 7. Contact No. | 7467974056 |
| 8. Relation with Head of Family | DAUGHTER |
| 10. Category | UR |
| 11. Religion | — |

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## C. Assets/Health Insurance

| Section / Field | Options / Input |
|---|---|
| 1. Health Insurance coverage | Yes |
| Insurance Type | Government |
| Swasthya Sathi URN No. | 19071777169884328 |

## D. Income/Profession

| Section / Field | Options / Input |
|---|---|
| 1. Do you pay Income Tax or Professional Tax? | No |
| 2. Do you have a PAN Card? | No |
| PAN Card (If available) | — |

## E. Other Identity Documents

| Section / Field | Options / Input |
|---|---|
| 1. CAA Application Status | Not Applicable |
| 2. If Deleted in SIR 2026, whether case pending in Tribunal? | Not Applicable |
| 3. Physical Disability? | No |
| Disability Certificate No. | — |
| Disability Percentage | — |

## F. Social Status and Dependents (TO BE FILLED IN FOR CHILD MEMBERS)

| Section / Field | Options / Input |
|---|---|
| 1. School details | Grade: KG<br>School Name: SISHU SWARGA<br>Type: Private School |
| 2. Vaccination status | Yes |

## G. Benefits under Government Schemes

| Section / Field | Options / Input |
|---|---|
| 1. Are you receiving any benefits under Government Schemes through DBT? | — |
| 2. Are you applying for Annapurna Yojana? | — |

## Member [Child]

## A. Family Identity

| Section / Field | Options / Input |
|---|---|
| 1. Name | JINIYA GAYEN |
| 2. Date of Birth | 06-02-2023 |
| 3. Gender | Female |
| 4. Aadhaar | 4*6* **** **98 |
| 7. Contact No. | 7467974056 |
| 8. Relation with Head of Family | DAUGHTER |
| 10. Category | UR |
| 11. Religion | — |

## C. Assets/Health Insurance

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| Section / Field | Options / Input |
|---|---|
| 1. Health Insurance coverage | No |
| Insurance Type | — |
| Swasthya Sathi URN No. | — |

**D. Income/Profession**

| Section / Field | Options / Input |
|---|---|
| 1. Do you pay Income Tax or Professional Tax? | No |
| 2. Do you have a PAN Card? | No |
| PAN Card (If available) | — |

**E. Other Identity Documents**

| Section / Field | Options / Input |
|---|---|
| 1. CAA Application Status | Not Applicable |
| 2. If Deleted in SIR 2026, whether case pending in Tribunal? | Not Applicable |
| 3. Physical Disability? | No |
| Disability Certificate No. | — |
| Disability Percentage | — |

**F. Social Status and Dependents (TO BE FILLED IN FOR CHILD MEMBERS)**

| Section / Field | Options / Input |
|---|---|
| 1. School details | Grade: —<br>School Name: —<br>Type: — |
| 2. Vaccination status | — |

**G. Benefits under Government Schemes**

| Section / Field | Options / Input |
|---|---|
| 1. Are you receiving any benefits under Government Schemes through DBT? | — |
| 2. Are you applying for Annapurna Yojana? | — |

**H. Declaration & Consent**

I hereby declare that above information is true to the best of my knowledge and I have provided all the supporting documents where applicable and **HAVE NOT** missed any criteria as mentioned above. I understand that my social protection benefits will be stopped if any information provided by me turns out to be false.

***Note: 'Family' is defined as a group of persons who normally live together and take their meals from a common kitchen.*

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